

Revlimid[®] ▼ (lenalidomide)

Healthcare Professional Information Guide

IRELAND

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information.

Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance at www.hpra.ie. Adverse reactions should also be reported to Bristol-Myers Squibb Medical Information on 1 800 749 749 or medical.information@bms.com

Risk Management contact details:

Tel: 1800 992 427

Fax: 1800 992 429

Email: rmpukire@bms.com

Medical Information Queries: medical.information@bms.com

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1.0 Introduction

This guide contains the information needed for the prescribing and dispensing of lenalidomide, including information about the Pregnancy Prevention Programme (PPP) and important safety information. This guide will help you understand these precautions and make sure you know what to do before prescribing and dispensing lenalidomide.

Important information about the safe disposal of unwanted capsules and restrictions on donating blood during treatment is also included in this guide.

To ensure your patients' health and safety, please read this guide carefully. You must ensure that your patients fully understand what you have told them about lenalidomide and that they have provided written confirmation on the Risk Awareness Form, before starting treatment.

Lenalidomide Pregnancy Prevention Programme:

Lenalidomide is an immunomodulating medicinal product.

If lenalidomide is taken during pregnancy it is expected to cause severe birth defects or death to an unborn baby. This programme is designed to make sure that unborn babies are not exposed to lenalidomide. It will provide you with information about how to follow the programme and explain your responsibilities. It is a requirement of the PPP that all Healthcare Professionals (HCP) ensure that they have read and understood the Healthcare Professionals' Information Pack before prescribing or dispensing lenalidomide for any patient.

For full information regarding the requirements of the PPP, as well as safety information, side effects and recommended precautions please refer to the Revlimid® Summary of Product Characteristics (SmPC). This can be found on the following website: www.medicines.ie.

When lenalidomide is given in combination with other medicinal products, the corresponding SmPC must be consulted prior to initiation of treatment. Please refer to the SmPC for further information. This can be found on the following websites: www.medicines.ie and www.hpra.ie.

2.0 Lenalidomide Pregnancy Prevention Programme

Lenalidomide is structurally related to thalidomide. Thalidomide is a known human teratogenic substance that causes severe life-threatening birth defects. An embryofetal development study has been conducted in monkeys administered with lenalidomide at doses up to 4mg/kg/day.

Findings from this study showed that lenalidomide produced external malformations (short limbs, bent digits, wrist and/or tail, supernumerary or absent digits) in the offspring of female monkeys who received the drug during pregnancy. Thalidomide produced similar types of malformations in the same study.

If lenalidomide is taken during pregnancy, a teratogenic effect in humans is expected. Lenalidomide is therefore contraindicated in pregnancy and in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme described in this HCP Information Guide are met.

- It is a requirement of the Pregnancy Prevention Programme that all Healthcare Professionals ensure that they have read and understood this guide before prescribing or dispensing lenalidomide for any patient.
- You must ensure that your patient fully understands what you have told them about lenalidomide before starting the treatment. All men and all women of childbearing potential should undergo, at treatment initiation, counselling of the need to avoid pregnancy (this must be documented via a Risk Awareness Form which is available for this purpose).
- The description of the Pregnancy Prevention Programme and the categorisation of patients based on sex and childbearing potential is set out in the Algorithm in Section 8.0.
- Patients should be capable of complying with the requirements of safe use and handling of lenalidomide.
- Patients must be provided with the appropriate Patient Guide, Risk Awareness Form and Patient Pocket Information Card. These materials remind patients of the key educational information regarding the requirements of the Pregnancy Prevention Programme and some of the important risks of treatment outlined in the Healthcare Professionals' Information Pack.

All of the Revlimid® Pregnancy Prevention Programme materials are available electronically on the website www.hpra.ie (enter 'Revlimid' under 'Find a Medicine' and click 'EdM' under the 'Documents' column) and www.medicines.ie. Additional hard copies can be obtained from Bristol-Myers Squibb (BMS) by contacting mpukire@bms.com.

In order to ensure that the actions to minimise the risk of foetal exposure are carried out for all patients, dispensing of Revlimid® will only be allowed from pharmacies registered with BMS. BMS will not authorise supply of Revlimid® to pharmacies that are not registered.

The following are core requirements of the Pregnancy Prevention Programme:

- A controlled access programme
- All healthcare professionals dispensing or prescribing lenalidomide must read and understand the lenalidomide Healthcare Professional Information Guide
- All pharmacies who dispense Revlimid® must agree to implement risk minimisation by registering with the BMS Pregnancy Prevention Programme
- Every prescription for lenalidomide must be accompanied by a Prescription Authorisation Form, which must be completed by the prescriber and the pharmacist.

3.0 Safety Advice to Avoid Foetal Exposure

3.1 Women of Non-childbearing Potential

Women in the following groups are considered **not** to have childbearing potential and do not need to undergo pregnancy testing or receive contraceptive advice:

- Age $\geq$ 50 years and naturally amenorrhoeic for $\geq$ 1 year*.
- Premature ovarian failure confirmed by a specialist gynaecologist.
- Previous bilateral salpingo-oophorectomy, or hysterectomy.
- XY genotype, Turner syndrome, uterine agenesis.

* Amenorrhoea following cancer therapy or during breastfeeding does not rule out childbearing potential.

Women of childbearing potential are all other women who are menstruating or perimenopausal, even those who abstain from sexual intercourse. Prescribers are advised to refer their patient for a gynaecological opinion if at all unsure as to whether a woman meets the criteria for being of non-childbearing potential.

3.2 Women of Childbearing Potential

Women of childbearing potential must never take lenalidomide if they are:

- Pregnant
- Able to become pregnant, even if not planning to become pregnant, unless all of the conditions of the Pregnancy Prevention Programme are met.

In view of the expected teratogenic risk of lenalidomide, foetal exposure must be avoided.

- Women of childbearing potential (even if they have amenorrhoea) must:
 - use at least one effective method of contraception for at least 4 weeks before therapy, during therapy, and until at least 4 weeks after lenalidomide therapy, and even in case of dose interruption **or**
 - commit to absolute and continuous abstinence confirmed on a monthly basis

AND

- have a medically supervised negative pregnancy test prior to issuing a prescription (with a minimum sensitivity of 25 mIU/ml) once she has been established on contraception for at least 4 weeks, at least in 4-weekly intervals during therapy (this includes dose interruptions) and at least 4 weeks after the end of therapy (unless confirmed tubal sterilisation). This includes those women of childbearing potential who confirm absolute and continued sexual abstinence.

There must be no more than **3 days** between the dates of the last negative pregnancy test and the prescription. Best practice is for the pregnancy test, prescribing and dispensing to take place on the same day.

If not established on effective contraception, the patient must be referred to an appropriately trained healthcare professional for contraceptive advice before initiating contraception.

The following can be considered to be examples of suitable methods of contraception:

- Implant
- Levonorgestrel-releasing intrauterine system (IUS)
- Medroxyprogesterone acetate depot
- Tubal sterilisation
- Sexual intercourse with a vasectomised male partner only; vasectomy must be confirmed by two negative semen analyses
- Ovulation inhibitory progesterone-only pills (i.e. desogestrel).

Patients should be advised to inform the healthcare professional prescribing her contraception about the lenalidomide treatment.

Patients should be advised to inform you if a change or stop of method of contraception is needed.

TREATMENT FOR A WOMAN OF CHILDBEARING POTENTIAL CANNOT START UNTIL PATIENT IS ESTABLISHED ON AT LEAST ONE EFFECTIVE METHOD OF CONTRACEPTION FOR AT LEAST 4 WEEKS OR COMMITS TO ABSOLUTE AND CONTINUOUS ABSTINENCE AND PREGNANCY TEST IS NEGATIVE.

Because of the increased risk of venous thromboembolism in patients with multiple myeloma taking lenalidomide in combination therapy, and to a lesser extent in patients with multiple myeloma, myelodysplastic syndromes and mantle cell lymphoma taking lenalidomide monotherapy, combined oral contraceptive pills are not recommended. If a patient is currently using combined oral contraception, the patient should switch to at least one of the effective methods listed above. The risk of venous thromboembolism continues for 4 to 6 weeks after discontinuing combined oral contraception. The efficacy of contraceptive steroids may be reduced during co-treatment with dexamethasone.

Implants and IUSs are associated with an increased risk of infection at the time of insertion and irregular vaginal bleeding. Prophylactic antibiotics should be considered particularly in patients with neutropenia.

Insertion of copper-releasing intrauterine devices is not recommended due to the potential risks of infection at the time of insertion and menstrual blood loss which may compromise patients with neutropenia or thrombocytopenia.

Your patient should be advised that if a pregnancy does occur whilst she is receiving lenalidomide, she must stop treatment immediately and immediately inform her prescriber.

If your patient needs to change or stop her contraceptive method during her lenalidomide therapy, she must understand the need to discuss this first with:

- The prescriber prescribing her contraceptive method.
- The prescriber prescribing her lenalidomide.

If a woman of childbearing potential has sexual contact without using an effective contraceptive method while taking lenalidomide, or believes for any reason that she may be pregnant, she must stop treatment and immediately consult her prescriber.

Requirements in the event of a suspected pregnancy while on treatment with Revlimid®:

- **Stop treatment immediately**
- **Refer female patient to a physician specialised or experienced in teratology for evaluation and advice.**
- **Notify BMS immediately of all suspected pregnancies in female patients by contacting BMS Medical Information**

(Tel: 1800 749 749; Email: medical.information@bms.com). BMS will wish to follow-up with you on the progress of all suspected pregnancies in female patients or partners of male patient cases.

- **Suspected pregnancies can also be reported via the Health Products Regulatory Authority (HPRA) Pharmacovigilance website: www.hpra.ie.**

3.3 Men

In view of the expected teratogenic risk of lenalidomide, foetal exposure should be avoided.

Inform your patient about the effective contraceptive methods that his female partner can use.

Lenalidomide is present in human semen. As a precaution, all male patients taking lenalidomide, including those who have had a vasectomy as seminal fluid may still contain lenalidomide in the absence of spermatozoa, should use condoms throughout treatment duration, during dose interruption and for at least 7 days after cessation of treatment if their partner is pregnant or of childbearing potential and has no contraception.

Patients should be instructed that if their partner does become pregnant whilst he is taking lenalidomide or within 7 days after he has stopped taking lenalidomide, he should inform his prescriber immediately. The partner should inform her physician immediately. It is recommended that she be referred to a physician specialised in teratology for evaluation and advice.

Male patients should not donate semen or sperm during treatment, including during dose interruptions and for at least 7 days following discontinuation of lenalidomide.

If the partner of a male patient taking Revlimid® becomes pregnant, then he must inform his prescriber immediately. Then:

Refer the female partner to a physician specialised or experienced in dealing with teratology for advice and evaluation.

Notify BMS immediately by contacting BMS Medical Information (Tel: 1800 749 749; Email: medical.information@bms.com). BMS will wish to follow-up with you on the progress of all suspected pregnancies in female patients or partners of male patient cases.

Suspected pregnancies can also be reported via the HPRA Pharmacovigilance website: www.hpra.ie.

3.4 Advice to all Patients

All patients should be advised not to donate blood during treatment (including dose interruptions) and for at least 7 days after cessation of treatment with lenalidomide. If they discontinue therapy, or if there are any unused capsules at the end of their treatment, they must return any unused lenalidomide to the pharmacist.

They must also understand that their lenalidomide is only for them, and it:

- Must not be shared with anyone else, even if they have similar symptoms.
- Must be stored away safely so no one else could take the capsules by accident.
- Must be kept out of sight and reach of children.

3.4.1 Points to Consider for Handling the Medicinal Product: For Patients, Healthcare Professionals and Caregivers

Do not share the medicinal product with anyone else, even if they have similar symptoms. Store them safely so that no-one else can take them by accident and keep them out of the reach of children.

Please Note: the method of removal of the capsule from the blister may differ between different lenalidomide products. Please refer to the SmPC for the lenalidomide product you are handling for specific handling advice.

Keep the blisters with the capsules in the original pack.

Capsules can occasionally become damaged when pressing them out of the blister, especially when the pressure is put onto the middle of the capsule. Capsules should not be pressed out of the blister by putting pressure on the middle. The pressure should be located at one site only, which reduces the risk of the capsule deforming or breaking.

Healthcare professionals and caregivers should wear disposable gloves when handling the blister or capsule. Remove gloves carefully to prevent skin exposure. Place in a sealable plastic polyethylene bag. Dispose of any unused medication in accordance with local regulations. Hands should then be washed thoroughly with soap and water. Women who are pregnant or suspect they may be pregnant should not handle the blister or capsule. Refer below for further guidance.

When Handling the Medicinal Product Use the Following Precautions to Prevent Potential Exposure if You are a Healthcare Professional or Caregiver

- If you are a woman who is pregnant or suspect that you may be pregnant, you should not handle the blister or capsule.
- Wear disposable gloves when handling product and/or packaging (i.e. blister or capsule).
- Use proper technique when removing gloves to prevent potential skin exposure (see below).
- Place gloves in a sealable plastic polyethylene bag and dispose them according to local requirements.
- Wash hands thoroughly with soap and water after removing gloves.
- Patients should be advised never to give the medicinal product to another person.

If a Drug Product Package Appears Visibly Damaged, Use the Following Extra Precautions to Prevent Exposure

- If outer carton is visibly damaged – **do not open**.
- If blister strips are damaged or leaking or capsules are noted to be damaged or leaking – **close outer carton immediately**.
- Place the product inside a sealable plastic polyethylene bag.
- Return unused pack to the pharmacist for safe disposal as soon as possible.

If Product is Released or Spilled, Take Proper Precautions to Minimise Exposure by Using Appropriate Personal Protection

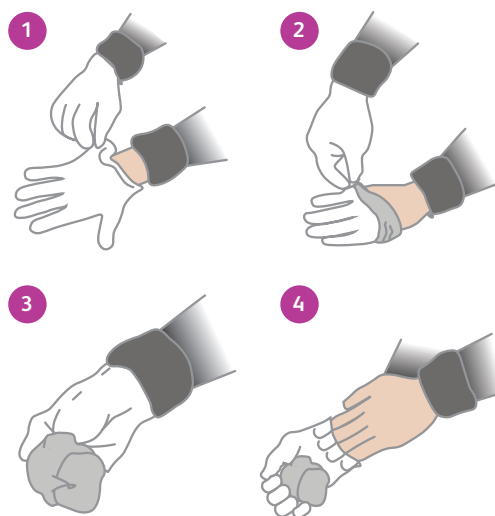
- If capsules are crushed or broken, dust containing drug substance may be released. Avoid dispersing the powder and avoid breathing on or inhaling the powder.
- Wear disposable gloves to clean up the powder.
- Place a damp cloth or towel over the powder area to minimise entry of powder into the air. Add excess liquid to allow the material to enter solution. After handling, clean the area thoroughly with soap and water then dry it.
- Place all contaminated materials, including damp cloth or towel and the gloves into a sealable polyethylene plastic bag. Dispose of it according to local requirements for medicinal products.
- Wash your hands thoroughly with soap and water after removing the gloves.
- Please report to BMS Medical Information (Tel: 1800 749 749; Email: medical.information@bms.com).

If The Contents of the Capsule are Attached to the Skin or Mucous Membranes

- If you touch the drug powder, please wash exposed area thoroughly with running water and soap
- If the powder gets in contact with your eye, if worn and if easy to do, remove contact lenses and discard them. Immediately flush eyes with copious quantities of water for at least 15 minutes. If irritation occurs please contact an ophthalmologist.

Proper Technique for Removing Gloves:

- Grasp outside edge near wrist (1)
- Peel away from hand, turning glove inside-out (2)
- Hold in opposite gloved hand (3)
- Slide ungloved finger under the wrist of the remaining glove, being careful not to touch the outside of the glove (4)
- Peel off from inside, creating a bag for both gloves
- Discard in appropriate container
- Wash your hands with soap and water thoroughly.



4.0 Prescribing and Dispensing Lenalidomide

Lenalidomide treatment must be initiated and monitored under the supervision of physicians with expertise in managing immunomodulatory or chemotherapeutic agents.

4.1 Maximum Prescription Lengths

Prescriptions for women of childbearing potential can be for a maximum duration of treatment of 4 weeks according to the approved indications' dosing regimens, and prescriptions for all other patients can be for a maximum duration of treatment of 12 weeks and continuation of treatment requires a new prescription.

4.2 Initial Prescription

Before issuing the initial prescription, you must:

- Counsel the patient on the safe use of lenalidomide in accordance with the measures described in this guide and the SmPC, which can be found on the following website: www.medicines.ie.
- Obtain their written confirmation (using the Risk Awareness Form for the appropriate patient category) that they have received and understood this information, and provide the patient with a copy.
- Ensure that your patient is using an effective method of contraception, if relevant.
- Perform a pregnancy test (if appropriate) before initiating treatment.

Community pharmacy notification

A lenalidomide Community Pharmacy Dispensing Notification Form should be used to advise the community pharmacy that it has been nominated by the patient and of the need to be registered with the manufacturer in order to dispense lenalidomide. The lenalidomide Community Pharmacy Dispensing Notification Form must be completed by the prescriber and faxed/mailed to the patient's nominated pharmacy on the first occasion that the patient is being prescribed lenalidomide.

4.3 Subsequent Prescriptions

- Before issuing subsequent prescriptions you must:
 - Ensure your patient continues to understand the risks of lenalidomide therapy.
 - Ensure that your patient is continuing to use the appropriate contraceptive measures, if relevant.
 - Perform a pregnancy test, if relevant.
- Provide a 'Prescription Authorisation Form' to the patient or submit electronically to the pharmacy with each lenalidomide prescription.

All prescribers must have read and understood the information contained within the Healthcare Professionals' Information Pack before prescribing Revlimid.

4.4 Prescription Authorisation Form

Every prescription for lenalidomide must be accompanied by a completed Prescription Authorisation Form (PAF).

The prescriber must confirm on the prescription authorisation form:

- Patient initials, date of birth and the indication for which lenalidomide is being prescribed.
- Name of treating hospital, prescriber name, supervising physician name, signature and date.
- Confirmation that they have provided counselling on the teratogenic risk of lenalidomide and the required contraceptive measures for women of childbearing potential and male patients.
- Whether the patient is male, woman of childbearing potential or woman of non-childbearing potential.
- If of childbearing potential that adequate contraception is in place and the date of the last negative pregnancy test, which must be within the 3 days prior to the date of the prescription.
- That the Risk Awareness Form has been completed and signed by the patient.
- That the prescriber has read and understands the contents of the Healthcare Professionals' Information Pack.
- The information provided on this PAF is accurate, complete and in accordance with the requirements of the Pregnancy Prevention Programme for lenalidomide.
- Treatment has been initiated and is monitored under the supervision of a physician with expertise in managing immunomodulatory or chemotherapeutic agents.

The patient must present their 'Prescription Authorisation Form' to the pharmacy along with their prescription and the pharmacy will check this form prior to dispensing lenalidomide. The patient must return to their prescriber for every repeat prescription of lenalidomide.

When completing the Prescription Authorisation Form the pharmacist must confirm:

- That the Prescription Authorisation Form has been completed in full by the prescriber.
- That dispensing for women of childbearing potential is taking place **7 days or less** from the date of prescribing.
- That the pharmacist has read and understood the contents of the Healthcare Professionals' Information Pack.
- That the pharmacist is dispensing the appropriate supply for the patient category.

If any information is missing, contact the prescriber for verification prior to dispensing.

The Prescription Authorisation Form should be retained with the High Technology Prescription in the pharmacy for a minimum of 2 years.

4.5 Dispensing Revlimid®

It is a requirement of the Pregnancy Prevention Programme that pharmacies wishing to purchase and dispense Revlimid® are registered with BMS. Registration involves reading and understanding the Healthcare Professionals' Information Pack, completing and signing the Pharmacy Registration Form, and emailing or faxing the completed form to indicate agreement and compliance with the content. The Pharmacy Registration will remain valid for 2 years, after which it must be renewed to continue dispensing Revlimid.

In order to be registered, the Chief/Superintendent Pharmacist or appointed deputy of the institution wishing to dispense must agree to implement and audit the use of the Prescription Authorisation Form.

Dispensing of Revlimid® will only be allowed from pharmacies registered with BMS. BMS will not authorise purchase and supply of Revlimid® to pharmacies not registered with BMS.

Revlimid® is supplied to pharmacies registered with BMS's Pregnancy Prevention Programme (PPP) only for the purpose of dispensing the product by the PPP registered pharmacy to the patient.

Community pharmacy notification and registration

A lenalidomide Community Pharmacy Dispensing Notification Form should be received from the prescriber/hospital pharmacy to advise the community pharmacy that it has been nominated by the patient and that it will soon be receiving a High Tech Prescription for lenalidomide for your patient. The pharmacy will need to register with the lenalidomide Pregnancy Prevention Programme for the manufacturer of any products it will be dispensing prior to being able to order those lenalidomide products for your patient and dispense them. If the nominated pharmacy is not already authorised to supply Revlimid®, it must first contact BMS to register with them using the Revlimid® Pharmacy Registration Form. BMS will then send the pharmacy the relevant documentation if not already received.

Ordering of lenalidomide

The pharmacy must be registered with BMS to order Revlimid® and must also use a specific Revlimid® Order Form (available on request from BMS and electronically for download on the HPRA website (www.hpra.ie) or on www.medicines.ie). The pharmacy must write the name of the prescriber on the Order Form when placing an order for Revlimid®.

4.6 Dispensing Advice

For women of childbearing potential:

- The date of the last negative pregnancy test, must be within the 3 days prior to the date of the prescription.
- Dispensing of lenalidomide should occur within a maximum of 7 days of the prescription.
- Ideally, pregnancy testing, issuing a prescription and dispensing should occur on the same day.
- Prescriptions for lenalidomide can be for a maximum duration of treatment of 4 weeks and continuation of treatment requires a new prescription.

For males and women of non-childbearing potential

- Prescriptions of lenalidomide should be limited to a maximum duration of 12 consecutive weeks and continuation of treatment requires a new prescription.

For all patients

- Please ensure that you dispense lenalidomide blisters intact; capsules must not be removed from blisters and packaged into bottles.
- Instruct patients to return any unused lenalidomide to the pharmacy. Pharmacies must accept any unused lenalidomide returned by patients for destruction, and follow Good Pharmacy Practice guidelines for destruction of dangerous medicines.

Please ensure that all pharmacists within your pharmacy are educated about and familiar with the requirements of the PPP and the dispensing procedures for lenalidomide.

5.0 Follow-up Assessment of the Effectiveness of the Programme and Monitoring of Off-Label Use

The terms of the Revlimid® Marketing Authorisation requires BMS to assess the effectiveness of the Pregnancy Prevention Programme in order to ensure that all reasonable steps are being taken to reduce the risk of foetal exposure to lenalidomide as well as to monitor off-label use.

BMS has agreed with the HPRA that pharmacies can fulfil their obligations in this respect, by conducting a manual self audit of the prescription authorisation forms, against which the pharmacy has dispensed Revlimid® and reporting the results to BMS. This information will be provided in an anonymised and aggregated format to the HPRA. BMS will supply pharmacies with an audit pack, such that annual self auditing of pharmacies and feedback of the audit results to BMS can occur.

It is therefore critical for pharmacies to ensure that all documentation associated with the Pregnancy Prevention Programme is completed accurately and that audit results are provided faithfully and diligently, in the interest of patient safety.

6.0 Other Selected Risks of Lenalidomide

The following section contains advice to Healthcare Professionals about how to minimise some of the main risks associated with the use of lenalidomide. Please refer also to SmPC (Section 4.2 Posology and method of administration, 4.3 Contraindications, 4.4 Special warnings and precautions for use and 4.8 Undesirable effects).

6.1 Tumour Flare Reaction in Mantle Cell Lymphoma and Follicular Lymphoma Patients

Tumour Flare Reaction (TFR) has commonly been observed in patients with mantle cell lymphoma, who were treated with lenalidomide or with follicular lymphoma treated with lenalidomide and rituximab. The patients at risk of TFR are those with high tumour burden prior to treatment. Caution should be practised when introducing these patients to lenalidomide. These patients should be monitored closely, especially during the first cycle or dose-escalation and appropriate precautions taken.

At the prescriber's discretion, lenalidomide may be continued in patients with Grade 1 or 2 TFR, without interruption or modification. At the prescriber's discretion, therapy with non-steroidal anti-inflammatory drugs (NSAIDs), limited duration corticosteroids, and/or narcotic analgesics may be administered. In patients with Grade 3 or 4 TFR, withhold treatment with lenalidomide and initiate therapy with NSAIDs, corticosteroids and/or narcotic analgesics. When TFR resolves to $\leq$ Grade 1, restart lenalidomide treatment at the same dose level for the rest of the cycle. Patients may be treated for management of symptoms per the guidance for treatment of Grade 1 and 2 TFR.

6.2 Second Primary Malignancies

The risk of occurrence of Second Primary Malignancies (SPM) must be taken into account before initiating treatment with lenalidomide either in combination with melphalan or immediately following high dose melphalan and autologous stem-cell transplantation (ASCT). Prescribers should carefully evaluate patients before and during treatment using standard cancer screening for occurrence of SPM and institute treatment as indicated.

An increase of SPM has been observed in clinical trials in previously treated myeloma patients with lenalidomide/dexamethasone compared to controls, mainly comprising of basal cell or squamous cell skin cancers.

Cases of haematological SPM such as acute myeloid leukaemia (AML) have been observed in clinical trials of newly diagnosed multiple myeloma in patients taking lenalidomide in combination with melphalan or immediately following high dose melphalan and ASCT (HDM/ASCT; see Section 4.4 of the SmPC). This increase was not observed in clinical trials of newly diagnosed multiple myeloma in patients taking lenalidomide in combination with dexamethasone compared to thalidomide in combination with melphalan and prednisone. Please refer to the SmPC for further details.

6.3 Progression to Acute Myeloid Leukaemia in Low- and Int-1-Risk MDS Patients

Baseline variables including complex cytogenetics and TP53 mutation are associated with progression to AML in subjects who are transfusion dependent and have a deletion (5q) abnormality. (see Section 4.4 of the SmPC).

6.4 Disposal of Unwanted Medicine

Patients must be advised never to give lenalidomide to another person and to return any unused capsules to their pharmacist at the end of the treatment.

6.5 Blood Donation

All patients should not donate blood during treatment (including dose interruptions) and for at least 7 days after cessation of treatment with lenalidomide.

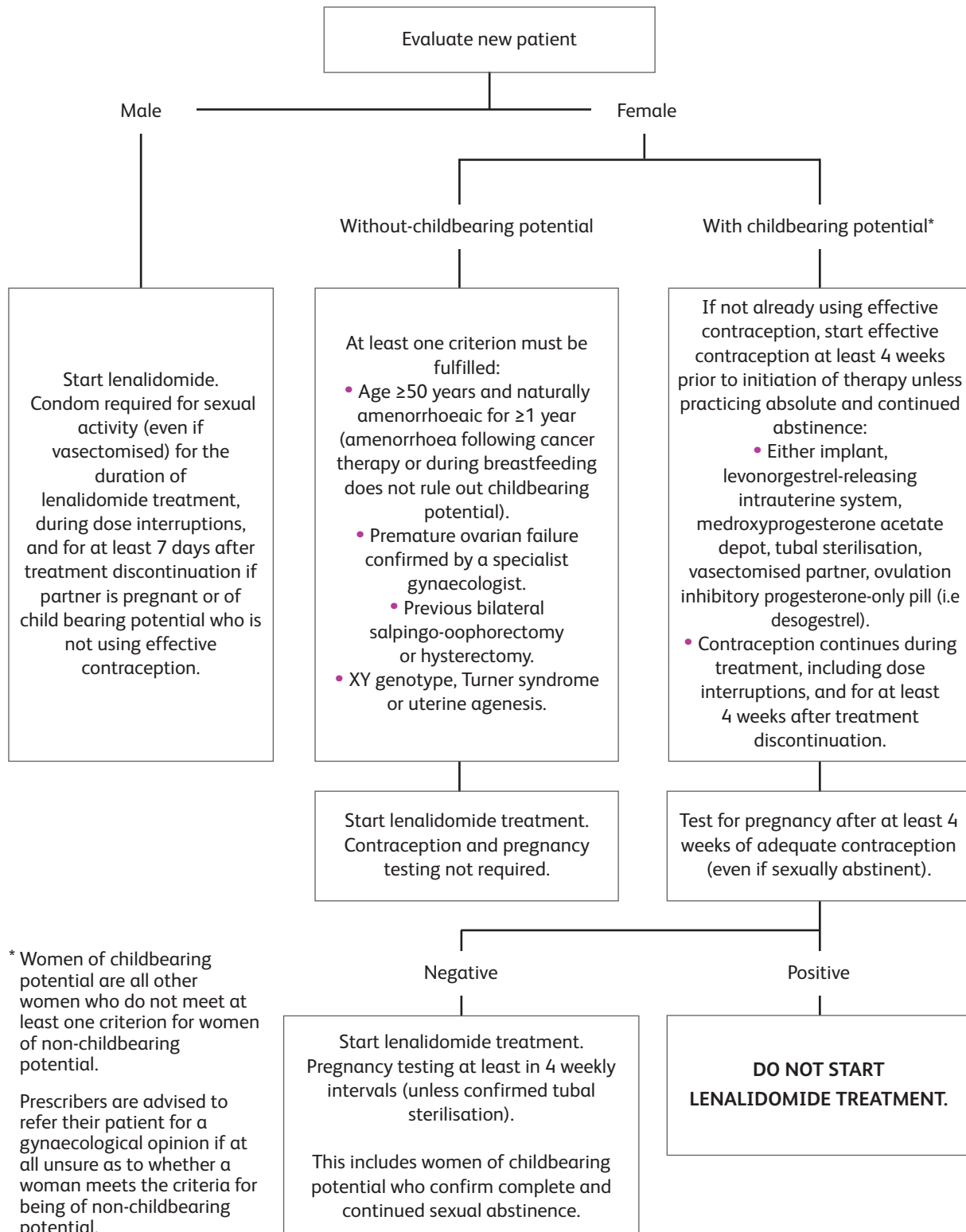
7.0 Reporting Adverse Events, Suspected and Confirmed Pregnancies, and Foetal Exposures

The safe use of Revlimid® is of paramount importance.

Adverse Events (and cases of suspected or confirmed pregnancy or foetal exposure) should be reported to BMS Medical Information (Tel: 1800 749 749; Email: medical.information@bms.com).

Suspected adverse reactions (and cases of suspected or confirmed pregnancy or foetal exposure) can also be reported via the HPRA Pharmacovigilance website: www.hpra.ie.

8.0 Description of the Pregnancy Prevention Programme and Patient Categorisation Algorithm



9.0 How to Complete the Prescription Authorisation Form

This guide will help you complete the lenalidomide Prescription Authorisation Form (PAF). The form is used within the Pregnancy Prevention Programme and must be completed each time you prescribe lenalidomide.

Lenalidomide Prescription Authorisation Form (PAF)

A newly completed copy of this form MUST accompany EVERY lenalidomide prescription. Completion of this information is mandatory for ALL patients. The completed form should be retained in pharmacy.

1 Name of treating Hospital

2 Patient Date of Birth DD MM YYYY Patient ID number/Initials

3 Prescriber (print)

4 Supervising physician name (print)

5 Indication: (tick) ☐ Multiple Myeloma ☐ Follicular Lymphoma
☐ Myelodysplastic Syndromes ☐ Mantle Cell Lymphoma
 Other (if other please specify)

6 Capsule strength prescribed: (tick) 2.5mg ☐ 5mg ☐ 7.5mg ☐ 10mg ☐ 15mg ☐ 20mg ☐ 25mg ☐
 Quantity of capsules prescribed* * Do NOT enter number of packs

7 Number of cycles prescribed

8 Please tick all boxes that apply

9 Both signatures must be present prior to dispensing lenalidomide

A Prescriber's declaration

B As the Prescriber, I have read and understood the Healthcare Professionals' Information Pack. I confirm the information provided on this PAF is accurate, complete and in accordance with the requirements of the Pregnancy Prevention Programme for lenalidomide. I confirm treatment has been initiated and is monitored under the supervision of a physician with expertise in managing immunomodulatory or chemotherapeutic agents.

C Sign Print

D Date DD MM YYYY Bleep

E Pharmacist's declaration

I am satisfied that this Prescription Authorisation Form has been completed fully and that I have read and understood the lenalidomide Healthcare Professionals' Information Pack. For women of child bearing potential, dispensing will be taking place within 7 days of the date of prescription. I am dispensing no more than a 4 week supply to women of childbearing potential and 12 weeks for males and women of non childbearing potential.

Sign Print

Date DD MM YYYY Bleep

Name and postcode of dispensing pharmacy

Product brand you have dispensed

Date of preparation of text: May 2023 Approved by HPRA: November 2023 2003-GB-2300010

Instructions for prescribers

1. Print the full hospital name where the patient is treated.
2. Print the patient's date of birth and initials. If the middle initial is not known please use an underscore (e.g. J_S for John Smith). Do not provide confidential information (e.g. Patient Name and Hospital Number).
3. Print your name clearly.
4. Clearly print the name of the Supervising Physician (if you are not the supervising physician). i.e. the Physician experienced in managing immunomodulatory drugs and supervising treatment.
5. Print the indication for which lenalidomide is being prescribed – this is for the purposes of monitoring off-label use.
6. Enter the capsule strength, quantity of capsules prescribed and number of cycles prescribed.
7. Complete this section appropriately to indicate that counselling has occurred, and appropriate contraceptive measures are in place. This is a requirement of the Pregnancy Prevention Programme.
8. For women of childbearing potential you must provide a valid negative pregnancy test date (within 3 days prior to prescribing). If this is not included lenalidomide must not be dispensed.
9. You must sign, date and print your name to declare that all steps have been observed and that you authorise the Prescription Authorisation Form.

Instructions for pharmacists

- A. Check that all relevant sections of the form have been fully completed by the prescriber including:
 - a. That counselling and contraceptive measures have been confirmed by the prescriber as appropriate,
 - b. That for woman of childbearing potential a negative pregnancy test date is provided within 3 days of the prescription date
 - c. The indication, capsule strength, capsule quantity and number of cycles have been provided.
- B. Check the form does not contain confidential information (e.g. Patient Name and Hospital Number).
- C. Check the form is complete and legible.
- D. You must sign, date and print your name to declare that the form has been completed fully and dispensing is taking place within 7 days of the date of prescription for women of childbearing potential.
 - i. Dispense only a maximum of 4 weeks supply for women of childbearing potential at any one time
 - ii. Dispense only a maximum of 12 weeks supply for Males and Women of Non-childbearing Potential
- E. Record the brand of lenalidomide dispensed for each dispensing cycle the PAF was used for. This will assist in completion of the pharmacy self-audit for the particular lenalidomide brand.

10.0 Prescriber's Guide to Prescribing lenalidomide

In order to initiate therapy with lenalidomide:

- 1 Read the lenalidomide Healthcare Professionals' Information Pack
- 2 Evaluate childbearing potential of patient and implement the pregnancy prevention programme as required
- 3 Evaluate risks relevant to all patients, take relevant precautions and provide counselling as appropriate
 - a. Provide educational materials (Patient Guide and Patient Pocket Information Card) to the patient.
 - b. Obtain patient's signature for the Risk Awareness Form and provide patient with a copy.

Lenalidomide treatment must be initiated and monitored under the supervision of physicians with expertise in managing immunomodulatory or chemotherapeutic agents

For the **FIRST** prescription of lenalidomide

Follow steps 1 to 4

- 1 Prescribers wishing to prescribe must read and understand the Healthcare Professionals' Information Pack.
- 2 Please complete a '**Community Pharmacy Dispensing Notification Form**' to notify the nominated community pharmacy that their patient will be presenting with a prescription for lenalidomide. Fax or email this form to the Nominated Community Pharmacy.
- 3 Prescribe lenalidomide using a High Technology Medicines prescription. Only a maximum of 4 weeks can be dispensed per prescription for a woman of childbearing potential. Up to a maximum of 12 weeks can be dispensed per prescription for a woman not of childbearing potential and male patients.
- 4 All prescriptions for lenalidomide must be accompanied by a '**lenalidomide Prescription Authorisation Form**'.

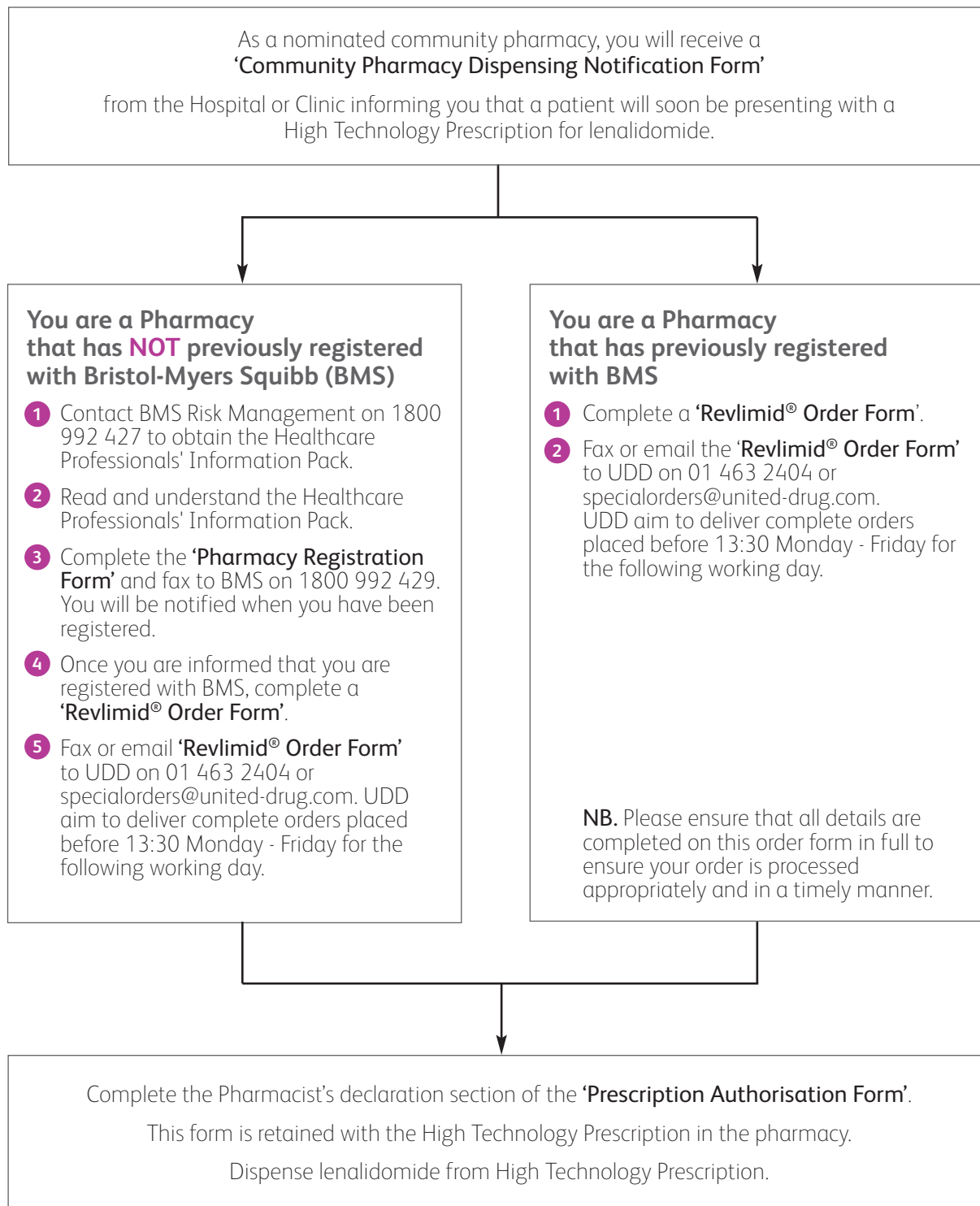
For **SUBSEQUENT** prescriptions of lenalidomide

Follow steps 1 to 3

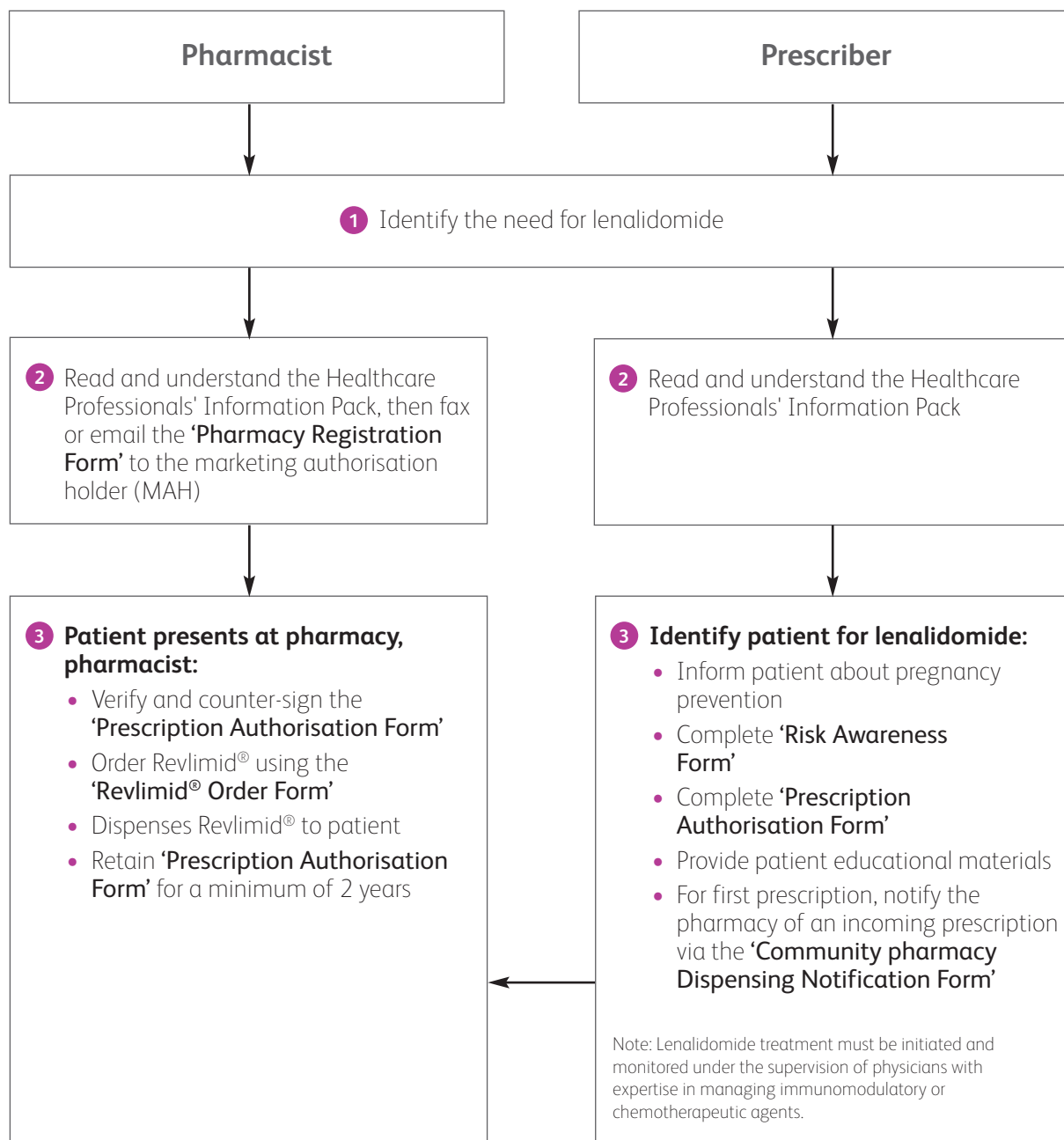
- 1 Prescribers wishing to prescribe must read and understand the Healthcare Professionals' Information Pack.
- 2 Prescribe lenalidomide using a High Technology Medicines prescription. Only a maximum of 4 weeks can be dispensed per prescription for a woman of childbearing potential. Up to a maximum of 12 weeks can be dispensed per prescription for a woman not of childbearing potential and male patients.
- 3 All prescriptions for lenalidomide must be accompanied by a '**lenalidomide Prescription Authorisation Form**'.

11.0 Pharmacist's Guide to Dispensing Revlimid®

In order to dispense Revlimid®:



12.0 Prescribing and Dispensing of lenalidomide Schematic.



Pharmacies must undertake the **mandatory** annual self-audit of the Prescription Authorisation Forms.

13.0 Frequently Asked Questions (FAQs)

Where can I get further copies of the lenalidomide Healthcare Professionals' Information Pack or the patient materials?

If you would like further copies of the Revlimid® Healthcare Professionals' Information Pack or patient materials, please telephone or email Bristol-Myers Squibb (BMS) using the contact details below, or by speaking to any BMS representative. They can also be found on the following website: www.medicines.ie.

Tel: 1800 992 427
Fax: 1800 992 429
Email: rmpukire@bms.com

What are the maximum prescription lengths for treatment with lenalidomide?

The maximum prescription lengths for treatment with lenalidomide is 4 weeks for Women of Childbearing Potential patients and 12 weeks for Males and Women of Non-childbearing Potential patients.

What must I do prior to prescribing lenalidomide?

All prescribers must read and understand the lenalidomide Healthcare Professionals' Information Pack and the Summary of Product Characteristics.

What must I do prior to ordering or dispensing Revlimid®?

All pharmacies must register with BMS prior to ordering or dispensing Revlimid®. You will need to register the dispensing pharmacy using the Revlimid® Pharmacy Registration Form. Completed Pharmacy Registration Forms should be sent via email (rmpukire@bms.com). Once you have returned a completed Pharmacy Registration Form, the pharmacy will be placed on the registered list and we will inform the distributor.

Where do I order Revlimid®?

Once registered, to order Revlimid® please contact our distributor – United Drug Distribution. You must have returned the Revlimid® Pharmacy Registration Form to BMS before you can place an order. You will need to complete the Revlimid® Order Form contained within the Healthcare Professionals' Information Pack and fax or email your order to the distributor.

Distributor:	
United Drug Distribution (UDD)	Tel: 01 463 2478
United Drug House	Fax: 01 463 2404
Magna Business Park	Email: SpecialOrders@united-drug.com
Citywest Road	
Dublin 24	

Orders placed Mondays – Fridays before 13.30 will generally be delivered the following working day

How should I report an Adverse Event or a suspected pregnancy?

Adverse events and suspected pregnancies for a BMS product should be reported to BMS Medical Information using the contact details below:

Tel: 1800 749 749

Email: medical.information@bms.com

Suspected adverse reactions and pregnancies can be reported via the Health Products Regulatory Authority (HPRA) Pharmacovigilance website: www.hpra.ie.

What are the contact details for BMS Medical Information?

To contact for Medical Information, please telephone or Email the Medical Information department using the contact details below:

Tel: 1800 749 749

Email: medical.information@bms.com

Queries and Adverse Event/pregnancy (suspected pregnancy) reports can be reported at: www.globalbmsmedinfo.com

How will BMS audit pharmacies registered for the Revlimid® Pregnancy Prevention Programme?

The terms of the Revlimid® Marketing Authorisation include a **mandatory** requirement for annual feedback to be collected on the effectiveness of the Pregnancy Prevention Programme, at a national level. An agreement to assist with this process was a pre-condition for BMS approving the registration of pharmacies and thereby granting authorisation to procure Revlimid®.

BMS have agreed with the HPRA that pharmacies can fulfill their obligations in this respect, by conducting a manual self-audit and reporting the results to BMS. This information will be provided, in an anonymised and aggregated format, to the HPRA. BMS will supply pharmacies with a Revlimid® Self-Audit pack, such that annual self-auditing of pharmacies and feedback of the Revlimid® audit results to BMS can occur.

It is therefore critical for pharmacies to ensure that all documentation associated with the Pregnancy Prevention Programme is completed accurately and that audit results are provided faithfully and diligently, in the interests of patient safety.

14.0 Contact Details

This Healthcare Professional Information Guide is produced by BMS for Revlimid® (lenalidomide).

Risk Management:

For information and questions on the Risk Management of BMS products, the Pregnancy Prevention Programme, pharmacy registrations and the use of the Prescription Authorisation Form.

Tel: 1800 992 427
Fax: 1800 992 429
Email: rmpukire@bms.com

Medical Information:

To report any Adverse Events or suspected pregnancies, or to obtain Medical Information on BMS products.

Tel: 1800 749 749
Email: medical.information@bms.com

Queries and Adverse Event reports (including cases of suspected or confirmed pregnancy or foetal exposure) can be reported at: www.globalbmsmedinfo.com.

Suspected adverse reactions can be reported via the HPRA Pharmacovigilance website: www.hpra.ie

Data Protection:

Data Protection queries for the Revlimid® Pregnancy Prevention Programme can be sent to: eudpo@bms.com

Distributor for Revlimid®:

For product delivery enquiries.
United Drug Distribution (UDD)
United Drug House
Magna Business Park
Citywest Road
Dublin 24
Tel: 01 463 2478
Fax: 01 463 2404
Email: SpecialOrders@united-drug.com

